

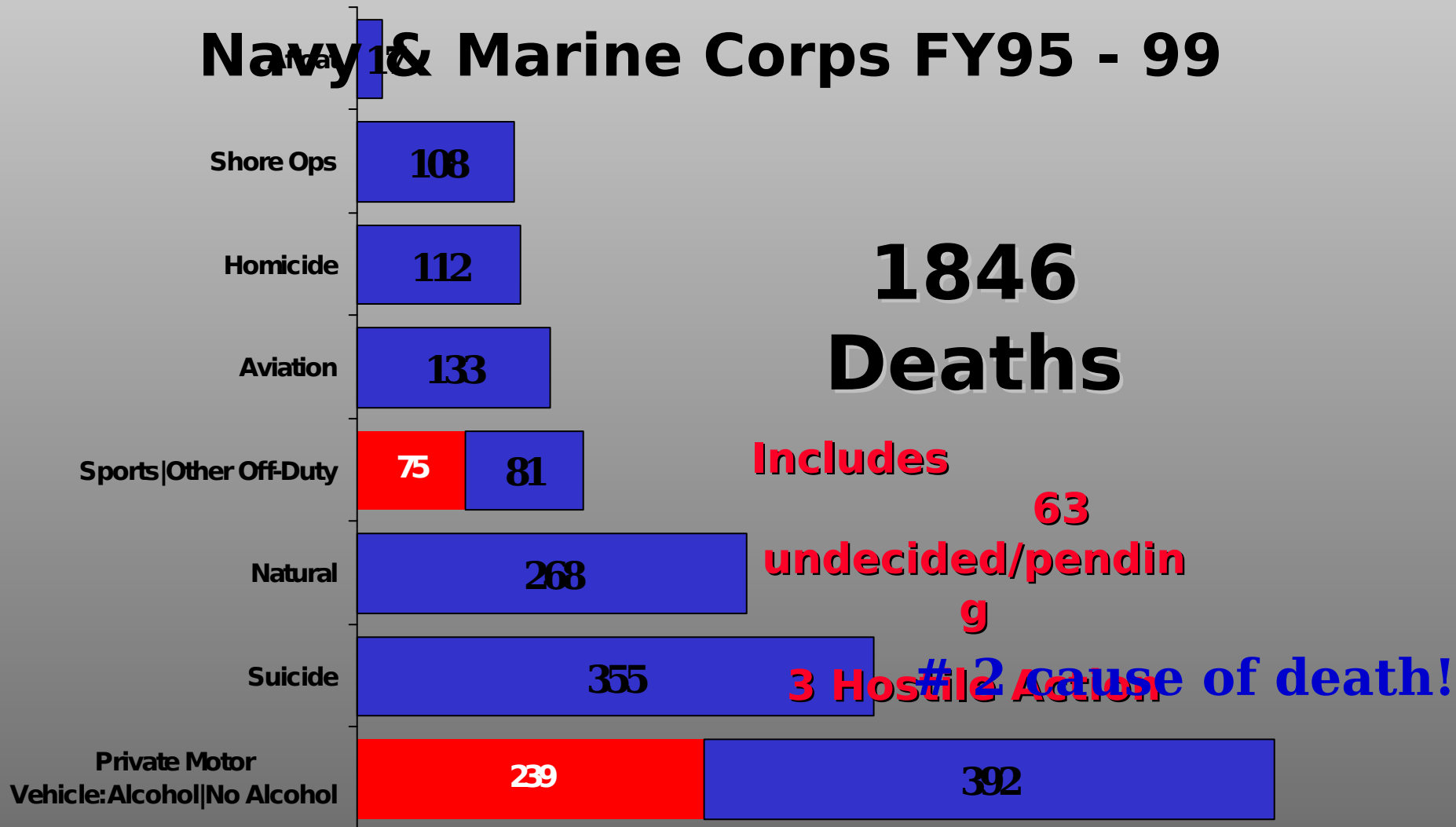
Operational Risk Management and Suicide Prevention



Naval Safety Center
Norfolk, Virginia

Top Causes of Death

Navy & Marine Corps FY95 - 99



Suicide Facts

- **Over 32,000 people in the United States kill themselves every year.**
- **A person commits suicide about every 15 minutes in the U.S.**
- **Suicide is the 9th leading cause of death in the U.S.**
- **60% of all people who commit suicide kill themselves with a firearm.**
- **Over 60% of all people who commit suicide suffer from mental illness.**
- **Alcoholism is a factor in about 30% of all completed suicides.**

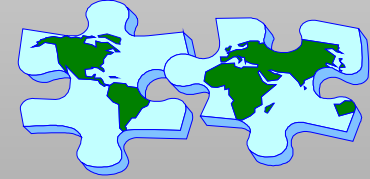


Statistics are from the American Foundation for
Suicide Prevention web site www.afsp.org



Suicide Prevention & ORM

How do suicide prevention and ORM (Operational Risk Management) fit together?



ORM is a simple 5-step process that deals with identifying hazards, assessing hazards, making risk decisions on those hazards, implementing controls to reduce the hazards, and supervising the controls and watching for changes in controls.

Preventing suicide is caring for your shipmate & is ***responsibility***. ORM can help prevent suicide.

OR

A Five Step
Process

1. Identify Hazards

MI

5. Supervise

2. Assess
Hazards

4. Implement
Controls

3. Make Risk
Decisions



Suicide Prevention and

ORM

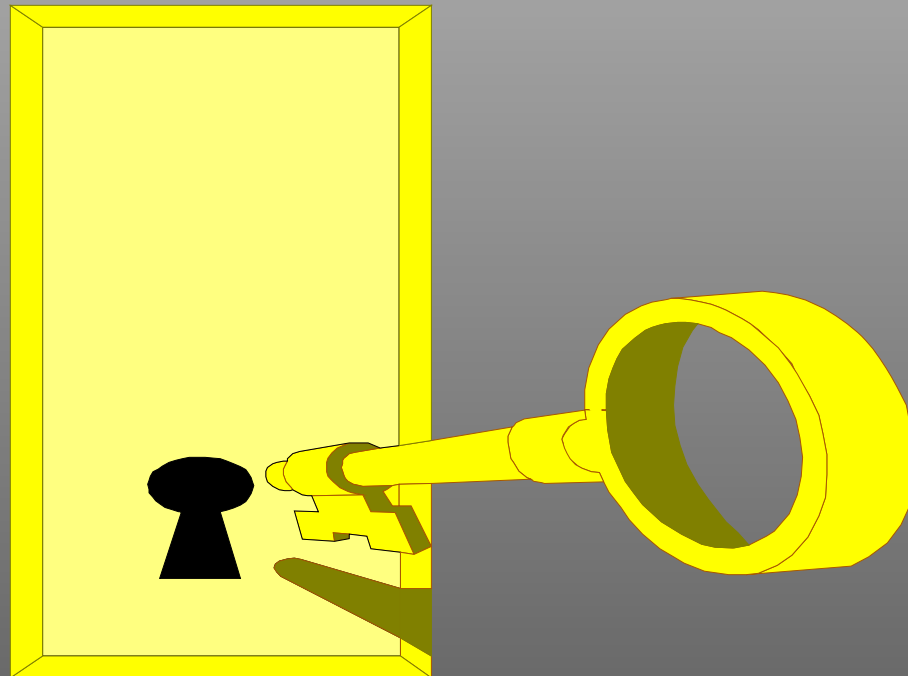
Scenario

- An LPO has noticed that one Sailor has not been acting normally the past few days.
- The Sailor has been withdrawn and not very talkative. When questioned by the LPO and friends, the Sailor says, "Everything is okay, I'm just feeling a little down."
- That evening, the Sailor was found in the BEQ in tears and crying. There was a week-old letter and a razor on the nightstand.



This scenario should raise some questions

The 5-step ORM process is the key to unlock the problem to enable you to see what the problem is so you can help prevent a bad situation



Step #1 Identify

Identifying hazards is the first step in the ORM process.

Hazards

Looking at the previous scenario, you probably have already identified some hazards. Using the below guidelines you can identify hazards with this scenario.

- **Use *experience* as a guide:** Have you seen a situation like this before? If you have then you can use that experience to help identify hazards.

- **Ask “*What if?*” Or better yet, “*What can go wrong?*”** : What if that letter is bad news? What if I don’t do anything? What can go wrong if I don’t do anything?

Use *Brainstorming* (everyone’s input is important): If possible discuss with other people to get their input. In a situation like this one you might not have the option to discuss with others, you will need to act right away!

1. Identify Hazards

Now that you have looked at the situation what are some hazards associated with this scenario?

The below listed hazards are not all inclusive, there are others that could be identified with this situation.

- **Suicide attempt with bodily injury**
- **Alcohol Abuse**
- **No intervention**
- **Death**



Step #2-Assess Hazards

Step #2 is the assessment of your identified hazards using the risk assessment (RAC) matrix. In a non-emergency situation, a detailed assessment of hazards is warranted. In this situation there might not be time to sit down and assess hazards before you intervene, action is required immediately.

Assessment of the hazards is done by using the RAC Matrix

Hazards are assessed for:

**Severity of
possible loss**

Probability of occurrence

Risk Assessment

Code - (RAC)

1 = Critical

2 = Serious

3 = Moderate

4 = Minor

5 = Negligible

CAT I = Death/ Loss of asset.

CAT II = Severe injury / degradation of asset.

CAT III = Minor injury/ degradation of asset.

CAT IV = Minimal injury/ degradation of asset.

		Probability of Occurrence			
		Likely - Immediate	Probably will occur in time	May occur	Unlikely to occur
		A	B	C	D
S E V E R I T Y	Cat I	1	1	2	3
	Cat II	1	2	3	4
	Cat III	2	3	4	5
	Cat IV	3	4	5	5
Risk Levels Risk Assessment Code					

2. Assess the Hazards

Using the matrix from the previous slide, based on your perception, choose a severity category and a probability category, for example; Severity II, Probability II, find the corresponding row and column and intersect the two. This gives you an Assessment Code or RAC.

RAC's

- **Suicide attempt with bodily injury**
1

- **Alcohol Abuse**
3

- **No intervention**
3



Step #3-Make Risk

Decisions

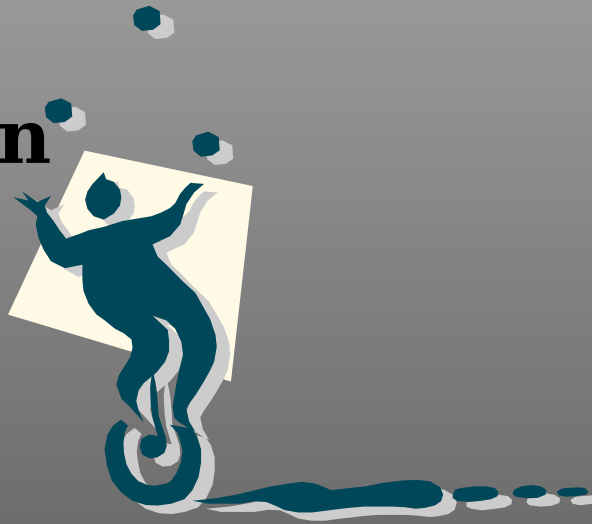
The third step is a ~~three part process~~

- **Consider Risk Control Options**
 - **Prioritize hazards by RAC:** Put the assessed hazards in order by RAC.
 - **Brainstorm: What can we do to minimize the risk of the hazard?** These are the options available to minimize the hazard.
 - **Decide:** Make a risk decision about the whole process. Do we need to do this or is it too risky?
- **If risk outweighs benefit, communicate with chain of command.**

3. Make Risk Decisions

Prioritize the hazards by Risk Assessment Code

- | | <u>RAC's</u> |
|---|--------------|
| • Death | 1 |
| • Suicide attempt with bodily injury | 1 |
| • No intervention | 3 |
| • Alcohol Abuse | 3 |



3. Make Risk Decisions

(Cont.)

Part #2 of step three is to discuss the options to minimize you identified.

For example: Death was identified as a hazard

Some of the options available to minimize this hazard are:

- ☞ refer the individual to command/local medical facility.
- ☞ confront the individual about what they are doing.
- ☞ Offer to talk to the person about their problem

At this point these are just options and might not be used in the decision making process, but all options should be discussed



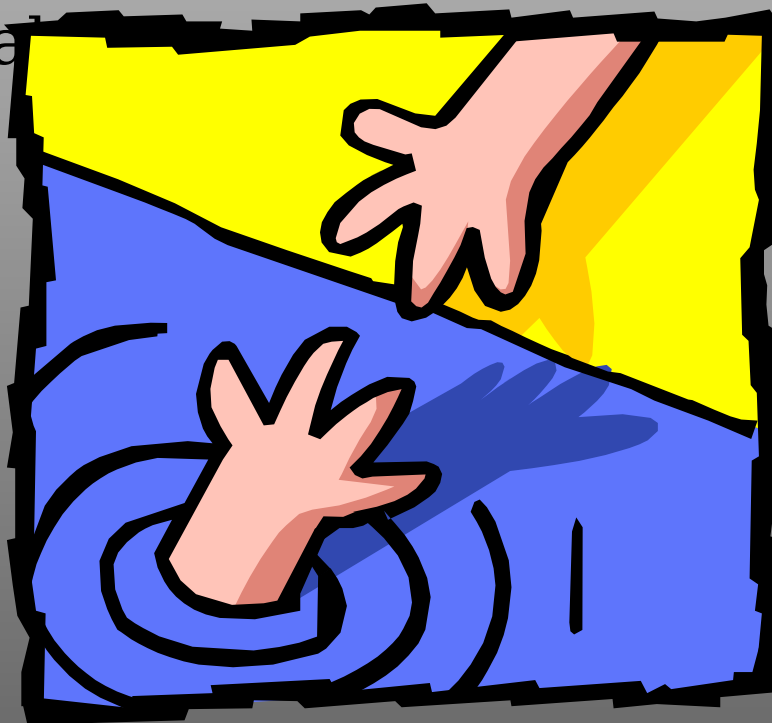
5. Make Risk Decisions

(Cont.)

Part #3 of step three is to make a risk decision.

Look at the situation and decide if you should continue or stop based on the risk involved.

In this scenario the best choice would be to continue and assist the individual.



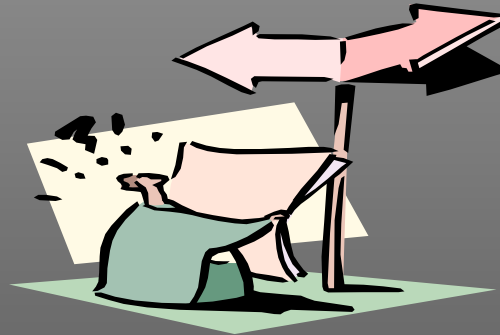
4. Implement Controls

These are the options that you discussed in step 3 the hazards.

Choose the best options available and implement them. These options now become your controls.

For example; referring the individual to a medical facility. If confronting the individual were two options available, you would look at the situation and choose the best option. In this case, you might choose referral to a medical facility. This has become our control for minimizing our hazard.

There might be more than one control chosen for a hazard.



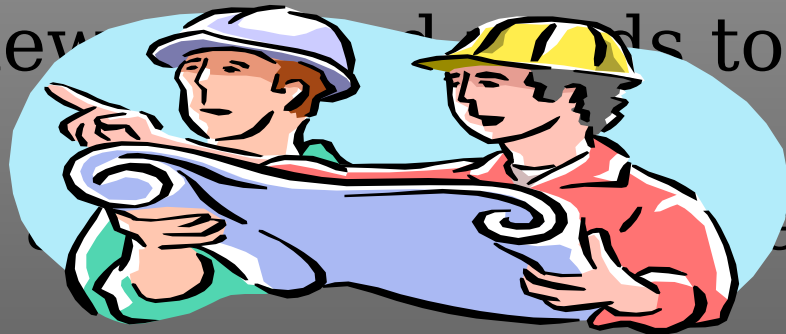
5. Supervise

ORM talks about supervising your controls ensuring that they are in place and effective.

Once you have selected your controls for the hazards you now need to ensure they are in place and have the desired effect.

You also need to look out for change. Any change in your plan will present new hazards to be looked at.

The AID LIFE tool is useful in the process.



Suicide Prevention

Acronyms

A

✓ **Ask The Person**

I

✓ **Intervene Immediately**

D

✓ **Don't Keep A Secret**

L

✓ **Locate Help**

I

✓ **Inform Chain of Command**

F

✓ **Find Someone - Don't Leave Person Alone**

E

✓ **Expedite Help**

Operational Risk Management and

Suicide Prevention

There are many options for supervisors to get information about suicide prevention as well as individuals that are contemplating suicide.

- The National Suicide Hotline: 1-800-SUICIDE
- OPNAVINST 6100.2 (Health Promotion Program)
- Pers 6 Suicide prevention training video / facilitator kit
- Various Internet Web Sites
- Local sources: Medical Facilities, Command Medical Representative,
Chaplains, Family Service Centers, etc.
(This list is not

Inport Clinic/Hospital Point of Contacts

Naval Medical Centers

NMC Bethesda

Com: 301 DSN: 319

Q.D.: 295-4611

General Info: 1-800-526-7101

E.R.: 295-4084/4085

Behavioral Healthcare Service: 295-0500

Branch Medical Clinics Assigned Under NMC Bethesda

Andrews AFB, MD

(240) 857-4419

Annapolis, MD

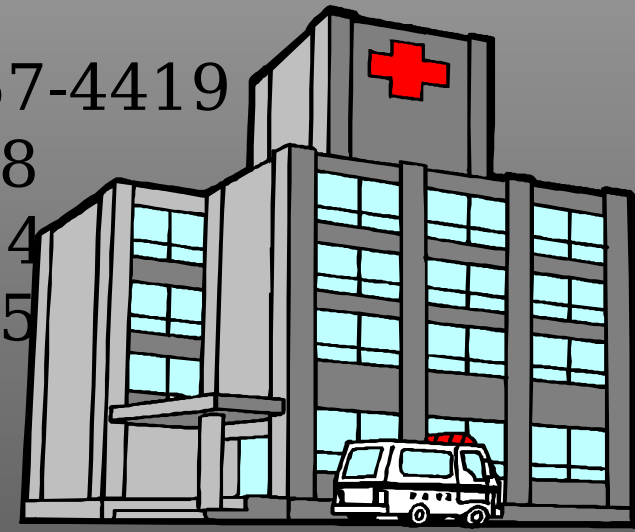
(410) 293-1758

Arlington Annex, VA

(703) 614

Carderock, MD

(301) 227-1585



Inport Clinic/Hospital Point of Contacts

Branch Medical Clinics Assigned Under NMC Bethesda

Dahlgren, VA (540) 653-8241

Earle, NJ

Mainside Clinic (732) 866-2300

Waterfront Clinic (732) 866-7180

Lakehurst, NJ (732) 323-4854

Mechanicsburg (717) 605-6236

Patuxent River, MD (301) 342-1418

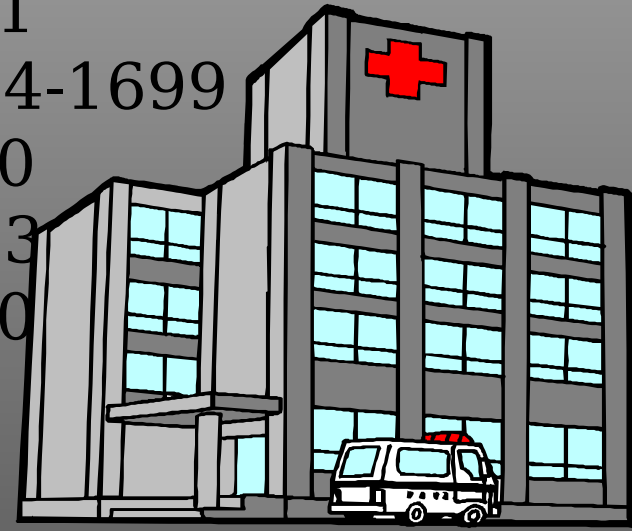
Indian Head, MD (301) 744-4601

Quantico Marine Corps Base (703) 784-1699

Sugar Grove, WV (304) 249-6380

Washington Navy Yard, DC (202) 433-XXXX

Willow Grove, PA (215) 443-6360



Inport Clinic/Hospital Point of Contacts

NMC Portsmouth

Com:(757) DSN: 564
Q.D.: 953-5000
E.R.: 953-7283 (Ambulance)
Psych: 953-5269

Branch Medical Clinics Assigned Under NMC Portsmouth

Sewells Point MACD: (757) 314-6290/6291
After 1900 on weekdays there will not be a M.O. available.
On weekends there will be a M.O. available from 0645 - 1100.

Dam Neck MACD: (757) 314-7240
0700 - 1530 M-F only, no after hour care available.



Inport Clinic/Hospital Point of Contacts

Branch Clinics Assigned Under NMC Portsmouth com

Oceana Naval Air Station MACD: (757) 314-7181
0700 - 1600 a M.O. is available
1600 - 0700 only ambulance support is available

Boone Clinic MACD (NAB Little Creek): (757) 314-7429-7
A M.O. or a P.A. is available 0700-1600 M-F
After 1600-1930 refer to Tricare Area B (civilian contract doctor)
Ambulance support only after 2000, after this call regular 911

Norfolk Naval Shipyard Clinic: (757) 314-6935 (Prim
(757) 396-3678 (Ambulance
0700 - 1530 there are 3 M.O.s 1 P.A. and 3 IDCs
After 1530 an EMT crew with ambulance support is available

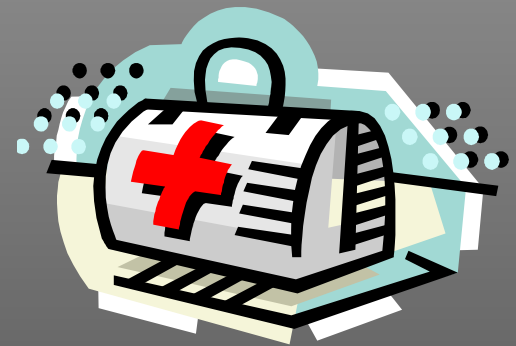


Inport Clinic/Hospital Point of Contacts

Branch Medical Clinics Assigned Under NMC Ports

Naval Security Group Activity Northwest: (757) 421-
2 IDCs available and a P.A. MWF afternoons 1215- 1530
No after hour care available

Naval Weapons Station Yorktown: (757) 887-7404
Normal Working Hours: 0730 - 1600



Inport Clinic/Hospital Point of Contacts

NMC San Diego

Com: (619) DSN: 522

Q.D: 532-6400

NMC Psych Clinic: 532-5761

E.R.: 532-8274

Branch Medical Clinics Assigned Under NMC San Diego

BMC Naval Amphibious Base: 437-5210

Normal Working Hours: 0730 - 1600

Closed after 1600 & weekends/holidays

BMC MCRD: 524-4079

Normal Working Hours: 0700 - 2000

Holidays & Weekends: 0800 - 1600



Inport Clinic/Hospital Point of Contacts

Branch Medical Clinics Assigned Under NMC San Diego

BMC MCAS Miramar: (858) 524-4079 DSN:267- 4079

Normal Working Hours: 0700 -1600

After Hours: Duty EMT crew available 24/7

BMC NAS North Island: (619) 545-4306 DSN: 735-4306

Normal Working Hours: 0730 - 1630

Weekends/Holidays: 0800 - 1400

A Medical Officer is available until 1800 M - F

BMC NAF El Centro: (760) 339-2674 DSN: 958-2674

Normal Working Hours: 0700 - 1530

After hours / weekends & Holidays: Duty EMT crew available with an
available 24/7



Inport Clinic/Hospital Point of Contacts

Branch Medical Clinics Assigned Under NMC San Diego

Ambulatory Care Center Point Loma: (619) 524-0349 DSN: 524-0349

Normal Working Hours: 0700 - 1600

Weekends/Holidays: Closed

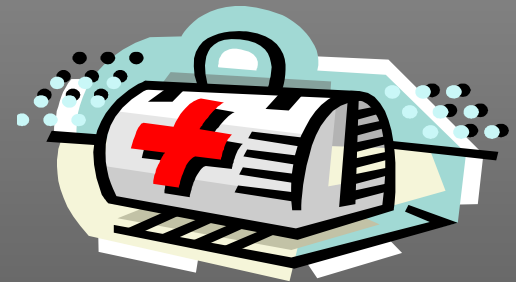
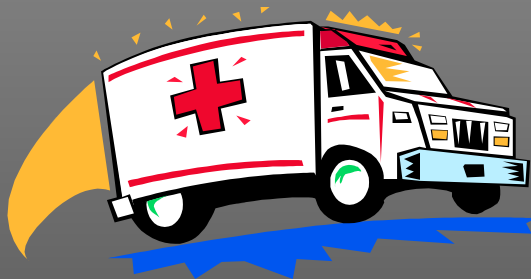
32nd Street BMC : (619) 556-8114

DSN: 526-8114

Normal Working Hours: 0700 - 1600

Acute Care Support: 0700 - 2000

Holidays & Weekends: 0800 - 1600



Inport Clinic/Hospital Point of Contacts

Naval Hospitals

NAVHOSP Pensacola

Com.: (850) DSN: 534

Q.D.: 505-6601

E.R.: 505-6731

Mental Health: 505-6749

Branch Medical Clinics Assigned Under NAVHOSP Pensacola

NTTC Corry Station, FL	452-6326	DSN: 534
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Gulfport, MS	(601)871-2809	DSN: 868
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NAS Meridian, MS	(601)679-2891	
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Millington, TN	(901)874-6151	
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NATTC Pensacola, FL	452-8970	
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CSS Panama City, FL	234-4176/77	
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Inport Clinic/Hospital Point of Contacts

Branch Clinics Assigned Under NAVHOSP Pensacola Cont.

Pascagoula, MS	(228)761-2229	DSN:358
NAS Pensacola, FL	505-7171	
NAS Whiting Field, FL	623-7508	

NAVHOSP Jacksonville

Com.: (904) DSN: 588

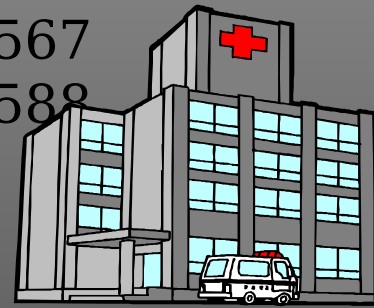
Q.D.: 542-7300

E.R.:

Mental Health: 542-7669

Branch Medical Clinics Assigned Under NAVHOSP Jacksonville

BMC Albany, GA	(912)439-5976	DSN:567
BMC Athens, GA	(706)354-7321	DSN:588



Inport Clinic/Hospital Point of Contacts

Branch Medical Clinics Assigned Under NAVHOSP Jacksonville

BMC Atlanta, GA	(770)919-5300	DSN: 925
BMC Kings Bay, GA	(912)673-2619	
BMC Key West, FL	DSN: 483-4600 x500/550	
BMC Mayport, FL	(904)270-5497	
BMC NAS Jacksonville	(904)542-3500	



Inport Clinic/Hospital Point of Contacts

NAVHOSP Oak Harbor, WA

Com.: (360) DSN: 820

Q.D.: 257-9500

E.R.: 257-9646

Mental Health: 257-9484/85/88

NAVHOSP Great Lakes

Com.: (847) DSN: 792

Q.D.: 688-4560

E.R.: 688-6855

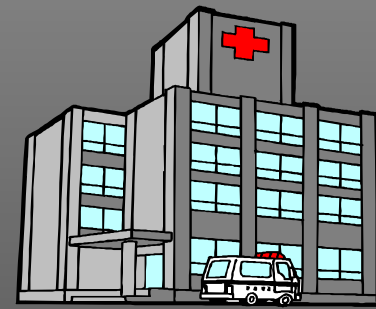
Mental Health: 688-2126

Branch Medical Clinics Assigned Under NAVHOSP Great Lakes

BMC 237 688-6770

USS Tranquility Bldg. 1007 688-6755

USS Red Rover Bldg. 688-4909



Inport Clinic/Hospital Point of Contacts

NAVHOSP Corpus Christi

Com.: (361) DSN: 861

Q.D.: 961-2688

Mental Health: 961-3620

Branch Medical Clinics Assigned Under NAVHOSP Corpus Christi

BMC Ingleside 776-4575/76/77/78

BMC Kingsville 516-6160/6313

BMC Fort Worth (817) 782-5909

NAVHOSP Cherry Point

Com: (252) DSN: 582

Q.D.: 466-0266

E.R.: 466-0255

Mental Health: 466-0500



Inport Clinic/Hospital Point of Contacts

NAVHOSP Camp Lejeune

Com.: (910) DSN: Prefix 450 DSN = 750 451 DSN = 751

Q.D.: 430-3079

E.R.: 450-4840/41/43/44

Mental Health: 450-4700

Branch Medical Clinics Assigned Under NAVHOSP Camp Lejeune

Hadnot Point BMC	451-1053
Caron BMC, Courthouse Bay	450-7365
French Creek Area Clinic	451-5125
Camp Johnson BMC	450-0836
Camp Geiger BMC	450-0322
MCAS BMC	450-6002/6511



Inport Clinic/Hospital Point of Contacts

NAVHOSP Charleston

Com.: (843) DSN: 563

Q.D.: 743-7000

Mental Health: 743-7500

Branch Medical Clinics Assigned Under NAVHOSP Charleston

Naval Weapons Station BMC 743-7830

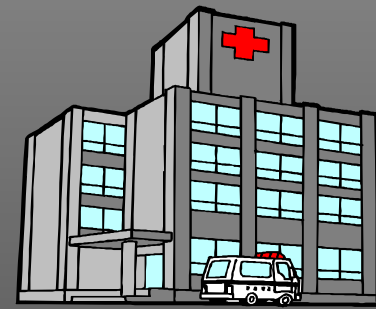
NAVHOSP Camp Pendleton

Com.: (760) DSN: 511

Q.D.: 725-1288/89

E.R.: 725-1429

Mental Health: 725-1350/1555



Inport Clinic/Hospital Point of Contacts

Branch Medical Clinics Assigned Under NAVHOSP Camp Pendleton

Blue BMC

Area 13 BMC	725-6682/83
Area 24 Brig	725-3629
Area 21 BMC (Camp Del Mar)	725-2141/2142
Area 31 BMC (Edson Range)	725-2037
Area 52 BMC (Camp San Onofre)	725-7522

Green BMC

Area 52 BMC (Camp Chappo)	725-3784/4912
Area 33 BMC (Camp Santa Margarita)	725-4460/69
Area 43 BMC (Las Plugas)	725-3268
Area 41 BMC (Las Flores)	725-2500
Area 53 BMC (Horno)	725-7410
Area 62 BMC (San Mateo)	725-7410



Inport Clinic/Hospital Point of Contacts

Branch Medical Clinics Assigned Under NAVHOSP Camp Pendleton

BMC Barstow, CA	(760) 577-6271	
BMC Bridgeport, CA	(760) 932-7761	
BMC Yuma, AZ	(520) 341-3177	
BMC Port Hueneme, CA	(805) 982-6301	DSN: 511
BMC Tustin	(714) 726-5872	

NAVHOSP Lemoore

Com.: (559) DSN: 949

Q.D.: 998-4481

E.R.: 998-4435

Mental Health: 998-4474

Branch Medical Clinics Assigned Under NAVHOSP Lemoore

BMC Fallon, NV	(775) 426-3115/3110	DSN: 949
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Inport Clinic/Hospital Point of Contacts

Branch Medical Clinics Assigned Under NAVHOSP Lemoore

BMC Fallon, NV

NAVHOSP 29 Palms

Com.: (760) DSN: 230

Q.D.: 830-2190

E.R.: 830-2354/2476

Mental Health: 830-2935

Branch Medical Clinics Assigned Under NAVHOSP 29 Palms

BMC China Lake

(760) 939-8039

DSN: 437



Inport Clinic/Hospital Point of Contacts

Overseas Hospitals

NAVHOSP Roosevelt Roads

Com.: (787)	DSN: 831
Hospital Operator	865-5700
E.R.	865-5997
Mental Health	865-5979

NAVHOSP Yokosuka

DSN: 243-7144
Comm. From the U.S.: 011-81-311-743-7144
Off Base Japan: 0468-21-1910 x243-7144
E.R.: 243-7144
Mental Health: 243-5186

Branch Clinics Assigned Under NAVHOSP Yokosuka

BMC Atsugi 264-3951/3958



Inport Clinic/Hospital Point of Contacts

Branch Clinics Assigned Under NAVHOSP Yokosuka

BMC Chin Hae 762-5415/5417

BMC Iwakuni 253-3445/3438

BMC Negishi Annex

BMC Sasebo 252-3624/25/28

Hario Clinic 252-8770/8870

Ships inport in Sasebo will utilize the USS Essex (guardship) 252-3365

NAVHOSP Okinawa

From the states dial 011-81-611-7 + last 6 digits of numbers below

Q.D.: 643-7555/7509

E.R.: 643-7338

Mental Health: 643-7722/7449/7334



Inport Clinic/Hospital Point of Contacts

Branch Clinics Assigned Under NAVHOSP Okinawa

Bush BMC	622-7633
Evans BMC	645-7376
Flightline BMC	634-6424
Futenma BMC	636-2911
Hansen BMC	623-4623/4328
Kinser BMC	637-3995
Schwab BMC	625-2104/2272
Torii Station BMC	644-4322/4474
White Beach BMC	642-2378

NAVHOSP Naples

Q.D.: Comm.: 011-39-081-724-3666

DSN: 625-3666



Inport Clinic/Hospital Point of Contacts

Branch Clinics Assigned Under NAVHOSP Naples

BMC Capodichino 626-5311/5472

BMC Gaeta (Ambulance) 627-7850

BMC La Maddalena 011-39-0789-798-275/6/7

DSN: 314-623

NAVHOSP Keflavic

DSN: 450

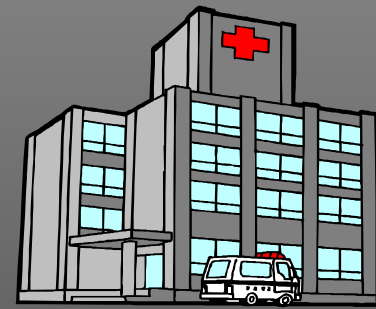
Q.D.: 450-3300

Aucte Care Clinic: 450-3300

Ambulance: 911

Off Base Iceland: 425-3300

Comm. From the U.S.: 011-354-425-3300



Inport Clinic/Hospital Point of Contacts

Various Naval Medical Clinics & Ambulatory Care Centers

NMC U.S. Naval Academy

Com.: (410) DSN: 281

Mental Health: 293-3208

Wallops Island BMC (804) 824-2130

U.S. NMC U.K.

Com. Within the U.K.: 01895-61-6320

Com. Outside the U.K.: +44-01895-61-6320

DSN: 235-6320

There are satellite clinics in central London, BMC in south-west England, and a detachment in Landstuhl Germany.



Inport Clinic/Hospital Point of Contacts

Various Naval Medical Clinics & Ambulatory Care Centers Cont.

Naval Ambulatory Care Center New Orleans

Com.: (504)

Main Care Center: 678-2400

Eastbank Satellite Center: 678-1590

NAS Satellite Center 678-3660

NMC Quantico

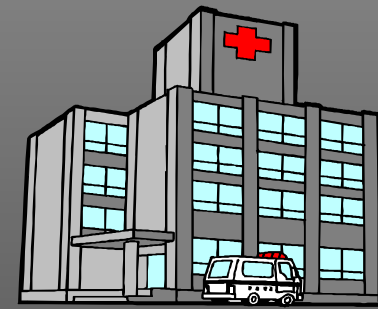
Com.: (703) DSN: 278

Q.D.: 784-1612

Appt. Line: 1-800-999-5195

BMC Brunswick, ME

Info: (207) 921-2956



Inport Clinic/Hospital Point of Contacts

Various Naval Medical Clinics & Ambulatory Care Centers Cont.

BMC Winter Harbor

Ambulance: (207) 963-5534 x298

NACC Newport

Com.: (401)

Q.D.: 841-3771

Mental Health: 841-4475

NACC Portsmouth

Primary Care: (207) 438-2385

NACC Groton

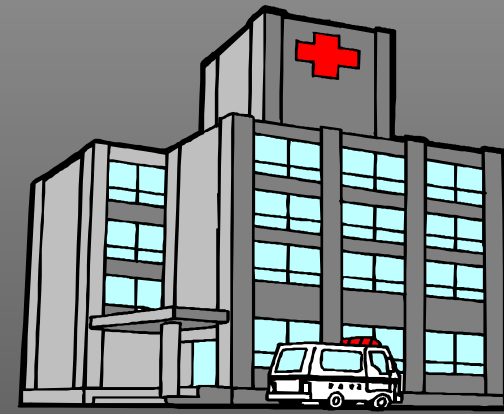
Com.: (860)

Q.D.: 694-4123

Mental Health: 694-4966

BMC assigned to NACC Groton

Balston Spa BMC (518)583-5300/01/02/03



Inport Clinic/Hospital Point of Contacts

Various Naval Medical Clinics & Ambulatory Care Centers Cont.

NMC Pearl Harbor

Consists of 4 Branch Medical Clinic's

BMC Kaneohe

BMC Shipyard

BMC Makalapa

BMC Barbers Point

There are also Branch medical Annexes

BMA Wahiawa (808) 655-7116 (Ambulance)

BMA Barking Sands (808) 353-4333 (Ambulance)

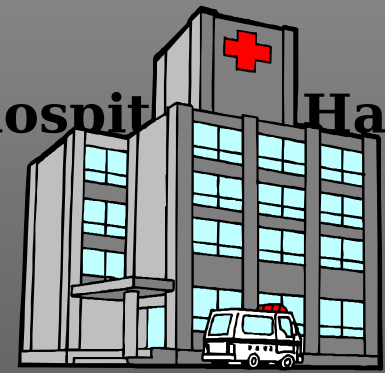
BMA Camp Smith (808) 477-0636 (Ambulance)

Tripler Army Medical Center is the main military hospital

Info: (808) 433-6661

E.R.: (808) 433-6629

Mental Health: (808) 433-2737

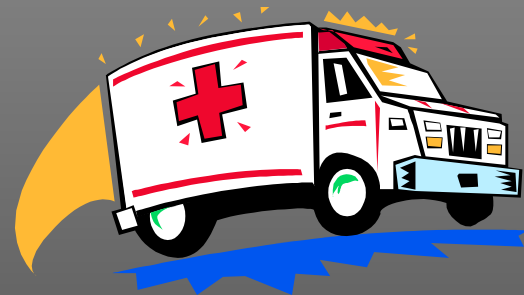


Inport Clinic/Hospital Point of Contacts

All the numbers listed are subject to change along with the service at each clinic or hospital. This list is not all inclusive of military medical facilities available to the fleet MDR, but just a sampling.

The following Internet link will give a list of most of the Hospital, NMCC, and NACC websites.

<http://navmedinfo.med.navy.mil/mfaclink1.htm>

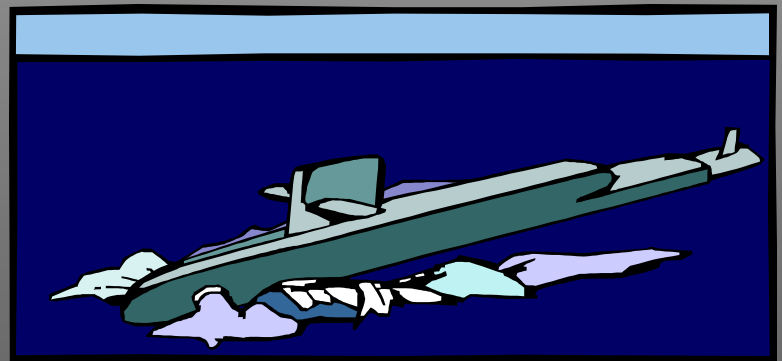
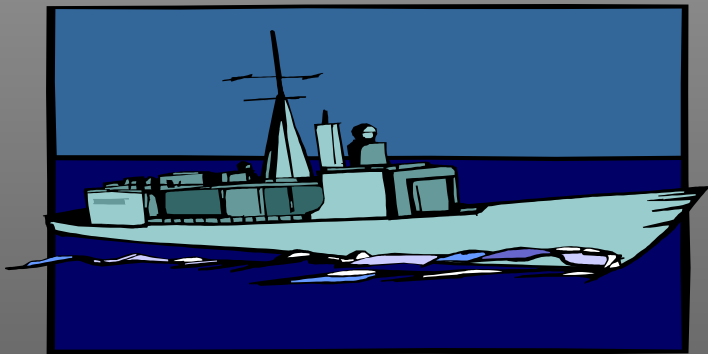


Underway guidelines for a suicidal patient

What can a MDR do when a shipmate states that they want to commit suicide while the ship is underway?

Different platforms will differ on what type of medical department is available.

- Some commands will have just one IDC
- Others will have a full blown medical department with doctors, etc.
- Some platforms will have extensive resources while others will have limited resources.



Underway guidelines for a suicidal patient

The underway SMDR should first interview the patient to find out what was said with the Sailor and why they thought about committing suicide. Based on the interview, the SMDR will inform the appropriate COC and contact the appropriate command in their OP area.

The M.O. will give advice to the SMDR or recommend a MEDEVAC. A threat assessment could also be posted on the individual if they are found to be a threat to themselves or others and referred to a M.O. if the ship is entering port within a reasonable time. Each platform is different and will have its own mission. Compromising the underway mission will be the call of the CO of the platform.

These guidelines were taken from various interviews with SMDRs in the fleet and a general consensus was taken from these interviews on how to handle a suicidal patient at sea.



Helpful Acronyms

The following acronyms are helpful in recognizing of a shipmate exhibiting suicidal tendencies.



Suicide Prevention

Acronyms

A

✓ **Ask The Person**

I

✓ **Intervene Immediately**

D

✓ **Don't Keep A Secret**

L

✓ **Locate Help**

I

✓ **Inform Chain of Command**

F

✓ **Find Someone - Don't Leave Person Alone**

E

✓ **Expedite Help**

Acronyms Cont.

- S SUICIDAL TALK** - Sailors who are thinking and speaking about suicide are at high risk. Individuals who have made previous attempts - especially those with potential suicidal means (weapons), are at a very high risk for suicide as those with a suicidal ideation.
- U UTTER HOPELESSNESS** - Sailors who are feeling extremely helpless, hopeless and worthless and who do not have plans for the future are at high risk for suicide.
- I INADEQUACY** - Sailors who believe they are inferior, inadequate and worthless. Sailors who believe they have been taken advantage of or failed are at high risk.
- C CLOSE RELATIONSHIP LOSS** - Sailors who perceive or believe they have lost an important relationship (romantic, spouse, friend, including the death of a loved one) are at high risk for suicide.
- I ISOLATION** - Sailors who are alone and feel lonely and helpless, isolate themselves and lack social, work and religious supports are at risk.
- D DEPRESSION** - Sailors who are sad; depressed, bitter, moody and pessimistic and have lost their interests are at high risk for suicide.
- E ETHANOL (ALCOHOL)** - Sailors who depend upon or abuse alcohol and/or drugs, including prescription medications, are at high risk for self harm.

Acronyms Cont.

- S** **SAD** - A Sailor who is depressed and sad, with feelings of hopelessness, helplessness, and worthlessness is at risk.
- A** **ALCOHOL** - Sailors who abuse or are addicted to alcohol are at risk for suicide.
- I** **ISOLATION** - Sailors who are alone and isolated and are without social and religious support may be at risk.
- L** **LOSS** - Sailors who have lost someone (especially a significant romantic relationship) or something meaningful in their lives are at risk for suicide.
- O** **ORGANIZED PLAN** - The Sailor with a specific detailed plan using an available lethal method is at high risk.
- R** **RATIONAL THINKING LOSS** - Suicide risk is high for Sailors whose judgement and thought processes are impaired.

Acronyms Cont.

- M MOODY** - Marines who are experiencing rapid and dramatic mood swings such as frequent anger, depression, nervousness and indifference. Marines with recent episodes of violent behavior are at increased risk for suicide.
- A ALCOHOL ABUSE** - Marines who abuse or are addicted to alcohol and prescription drugs, including prescription medications, are at risk for suicide.
- R RELATIONSHIP LOSS** - Marines who have lost a romantic relationship or perceive a relationship is ending are at risk for suicide.
- I INADEQUATE** - Marines who see themselves as worthless, inadequate or experience a failure are at risk for suicide.
- N NERVOUS** - Marines who are feeling tense, scared, confused and overwhelmed may be at risk for self harm.
- E EMBARRASSMENT**- Marines who believe that they have been humiliated or shamed in some way, are at risk.
- S SAD** - Marines who are sad, depressed and pessimistic with feelings of hopelessness, helplessness and worthlessness are at high risk for suicide.

**Contact your local medical department
information on suicide prevention.**

**Let's keep our shipmates from ending
statistic!**

